


NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket No. (Optional): A-6687 (191910-1570)									
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on _____ Signature – _____		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">In re Application of Jerding et al.</td> </tr> <tr> <td style="padding: 5px;">Application Number 09/692,995</td> <td style="padding: 5px;">Filed 10/20/2000</td> </tr> <tr> <td colspan="2" style="padding: 5px;">For Media-On-Demand Bookmark System</td> </tr> <tr> <td style="padding: 5px;">Group Art Unit 2623</td> <td style="padding: 5px;">Examiner BELIVEAU, Scott E.</td> </tr> </table>		In re Application of Jerding et al.		Application Number 09/692,995	Filed 10/20/2000	For Media-On-Demand Bookmark System		Group Art Unit 2623	Examiner BELIVEAU, Scott E.
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Applicant hereby appeals to the Board of Patent Appeals and interferences from the last decision of the examiner.											
The fee for this Notice of Appeal is (37 CFR 1.17(b))		\$ 500.00									
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is \$ reduced by half, and the resulting fee is: <input type="checkbox"/> A check in the amount of the fee is enclosed. <input checked="" type="checkbox"/> Payment by credit card. <input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 20-0778. <input checked="" type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) is enclosed.											
Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.											
I am the											
<input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) <input type="checkbox"/> Is enclosed. (Form PTO/SB/96) <input type="checkbox"/> attorney or agent of record. <input checked="" type="checkbox"/> Attorney or agent acting under 37 CFR 1.34(a). Registration No. if acting under 37 CFR 1.34(a) 47,034											
 David Rodack			Date <u>01/08/2007</u>								
Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.											
<input checked="" type="checkbox"/> *Total of 1 forms are submitted.											